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<b>To: Assistant Commissioner for Patents</b>	<b>From: Derrick W. Reed Reg. No. 40,138 818/493-2200</b>
<b>Attention:</b>  <b>Examiner: F. Oropeza Art Unit: 3762 TECHNOLOGY CENTER 3700</b>	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
<b>Telecopier: 703/872-9306</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: Amendment and Request for Reconsideration</b>  Applic. No. 10/087,404 Filed: 02/26/2002 Docket No. SJ1-029US	<b>Number of pages being sent:</b> <u>13</u> (including cover page)

PLEASE DELIVER TO EXAMINER FRANCES P. OROPEZA, Art Unit 3762.

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE AND THOSE PROPERLY ENTITLED TO ACCESS TO THE INFORMATION AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND/OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED OR AN AUTHORIZED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY UNAUTHORIZED DISTRIBUTION, DISSEMINATION, OR DUPLICATION OF THIS TRANSMISSION IS PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

<b>Applicant:</b>	Mark W. Kroll		
<b>Serial No.:</b>	10/087,404	<b>Examiner:</b>	F. Oropeza
<b>Filed:</b>	02/26/2002	<b>Art Unit:</b>	3762
<b>Docket No.:</b>	SJ1-029US		
<b>For:</b>	SYMPATHETIC NERVE STIMULATOR AND/OR PACEMAKER		

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- ☒ Amendment and Request for Reconsideration  
☒ Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	22	48	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	2	8	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE -- 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge - Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify: <u>Terminal Disclaimer</u>					
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$0**

☒

Charge Deposit Account No. **16-0068**  
 the amount of

**\$0\*\***

A copy of this letter is  
 enclosed.

**PATENT**

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

X Any additional filing fees required under 37 CFR 1.16.

X Any patent application processing fees under 37 CFR 1.17.

X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

X Any patent application processing fees under 37 CFR 1.17.

X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: \_\_\_\_\_

1/12/05



Derrick Reed  
Reg. No. 40,138  
Attorney for Applicants

**CUSTOMER NUMBER: 36802**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

January 12, 2005



Estella Pinoiro

Date